Vol. XIV. No. 9

THE CANADIAN NURSE

AND HOSPITAL REVIEW

Owned and Published Monthly by the Canadian National Association of Trained Nurses

Printed by Evans & Hastings Printing Company, Vancouver, B. C.

Registered at Ottawa, Canada, as Second-Class Matter.

SEPTEMBER, 1918

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All Communications to be addressed to the Editor and Business Manager, 302 Fifteenth Avenue, East Burnaby, B. C.

Subscription, $2.00 a Year **Single Copy, 20 cents**

Entered as second-class matter March 19, 1905, at the Post Office at Buffalo, N. Y., under the Act of Congress of March 3, 1879.

MEDICAL FACULTY.

SEP 2

THE
CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

VOL. XIV. VANCOUVER, B.C., SEPTEMBER, 1918 No. 9

OFFICERS OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, 1918-1919

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British Nurses and their Fight for Professional Freedom

BY B. KENT

Delegate of the National Council of Trained Nurses of Great Britain and Ireland to the San Francisco Convention, 1915.

Can any good thing come of war—such a war as this—big with frightfulness of every description? The answer is a clear and definite affirmative. That is the cheering, mitigating paradox, the partial compensation for the suffering, sacrifice and anguish of it all. Many good things *have* come out of this war, but the thing of fundamental importance, and which fires one's imagination, is this: Freedom (which means opportunity) once given to any body of people, dormant faculties are immediately liberated, and great achievements for the public weal must follow. Without the work that women are doing in the furtherance of the war (much of which they were considered quite incapable of performing previously) the British would have been defeated in France, and, possibly, the Germans might have reached England. The most indispensable of all women's work at this time especially is, perhaps, that of the trained nurses. Their devotion to duty, self-sacrifice and heroism have been quite equal to that of the fighting men. I do not mean British nurses alone. I am thinking in terms of *Internationalism,* and that

brings me to my central idea—*Internationalism!* What is it but a great *Spiritual alliance* which has united the nations of the Allies in their struggle for Right against Might, reinforced by armies of nurses? How thankful and proud we nurses feel of our *own* spiritual alliance, which was founded long before the war, but it is the war which had made it a greater reality. We are no longer separate bodies of nurses; we are Nursing Allies; we are an indivisible whole, taking our part in the nursing lines in the great war for the freedom of the world, the fight between the powers of darkness and light. It is a self-evident parable, just spoilt, however, by "the rift within the lute which, by and by, will make the music mute" unless—yes, unless—it can be turned into harmony. We feel convinced that we shall have the sympathy—not only the nurses of our Dominions and of our Allies—but those also of neutral countries who have understanding hearts. I should, therefore, like to place before them, through the pages of this journal, a brief statement of the struggle that has been forced upon British nurses to secure and maintain their professional freedom. The movement for the organization of the Nursing Profession by Act of Parliament was initiated about 30 years ago by Mrs. Bedford Fenwick, Editor of the *British Journal of Nursing*. The work it has entailed has been borne by the nurses themselves. All opposition had been broken down, and if it had not been for the war the Bill promoted by the Central Committee for State Registration would probably have been on the Statute Book by this time. The progress, however, has been much slower in our country than in others, where it has spread rapidly, with the result—as we know—that it almost encircles the world. In all but two of the United States of America, many of our colonies and other countries, Acts are in force. We rejoice with them, and they sympathize with us in our long, patient wait. Victory for us was in sight when a bolt fell from the blue! The College Nursing Company, Limited, came into being and took the field in opposition.

Without any reference to the opinions or wishes of the organized bodies of nurses, it started on its strange career and ordered itself on the lines of archaic autocracy. Let there be no misunderstanding, my sisters; we have long desired to have a College of Nursing, but we want it to be a *professional* body. This foreign body in a *lay* corporation, a limited liability company (without share guarantee), the signatories of which are all laymen; and these laymen have appointed the first Council and the Consultative Board. Subjugation of the Nursing Profession, and not its freedom, is the thing aimed at.

This parody of a Nursing College has drafted a Bill for State Registration, and, consistent with its autocracy, it has again excluded from both the provisional and permanent councils all representation of the organized bodies of trained nurses and other vital principles which are embodied in the Bill drafted by the Central Committee for State Registration. In a word, these iconoclasts desire to pull down the fine educational structure which has been built up laboriously by the Registrationists, and set up in its place a destructive imitation. This College of Nursing Company, Limited, presumes to liken itself to the Royal College of Physicians and Surgeons (in England, Scotland and Ireland). As a matter of fact it is in no way comparable. It is scarcely necessary to remind the readers of this journal that a college, being an educational body, should not concern itself with registration and discipline. A general Nursing Council, to be set up under a Registration Act, would be the authorized body for registration and discipline. Our humiliations do not end here, however, but rather begin! Under the auspices of the College Nursing Company, Limited, of the British Women's Hospital Committee, which consists of members of a section of the Actresses' Franchise League and others, has promoted a charity scheme for nurses, falsely called "The Nation's Fund for Nurses," and this is blatantly paraded by pictorial and other advertisements all over London. In the meantime self-respecting nurses are blushing with shame and not with anger. Our opinion is that, at this awful crisis in the life of the nation, all surplus money should be spent for the benefit of our heroic sailors and soldiers, and the starving and suffering women and children in the countries over-run by the barbarous foe. If the State did its duty and paid an adequate salary to our Military Nurses, instead of mere pocket money, as at present, there would be no need to insult them by offering them charity. As voters, we now demand that schemes for re-construction shall include greatly increased salaries for *all* nurses. The mischief and danger of this College Nursing Company, Limited, can be seen by any intelligent reader at a glance. It unjustifiably assumes a monopoly of control over the entire nursing profession desiring to govern it *without consent*. The one humorous bit about it is that it calls itself "democratic." The subsidized press had boycotted the opinions of independent nurses upon this and other subjects that concern them closely, so we have to adopt new methods of protest, namely, the sandwich boards in the open streets. We desire economic control of our own profession and we mean to fight for it till we get it. Our slogan is *"Liberte, Fraternite, Egalite."* When the mendicants come round to your doors asking for charitable doles for British nurses, as we hear they intend to do, you will know what we think about it; furthermore, you will foresee the danger of large sums amassed by and administered by society ladies and gentlemen on behalf of trained nurses. The great thing that must arise out of this war must be the deepening and broadening of the spirit of alliance among nurses all over the world.

Since writing this, the College of Nursing Company, Limited, has drafted another Bill. We do not consider it any improvement upon the last, although representation has been granted to the Central Committee for State Registration.

Life is to be fortified by many friendships. To love and to be loved is the greatest happiness of existence.—SYDNEY SMITH.

University Training for the Nursing Profession

By Helen MacMurchy, M.D.

(Read at the C. N. A. Convention, Toronto, 1918)

In an endeavor to secure authentic information upon this subject to lay before the Association, a communication was addressed to all the Canadian Universities, and we are much indebted to the Presidents and other officials of these Universities for the consideration that they were good enough to give to these communications and for the valuable answers that have been received.

These may be briefly summarized by saying that the Canadian Universities are already closely connected with the education of the nursing profession, and that, in one leading University at least, a scheme for the University education of the nursing profession is regarded as being on the eve of completion. In other progressive universities arrangements of a most interesting and important nature are in progress, or are already completed, by which the profession of nursing and the universities, as well as the community, will be greatly the gainers. Further, even where such arrangements are not yet completed, or may not be in contemplation, still the students in our training schools for nurses have, as their instructors, members of the University staff.

It is regretted that time and space do not allow the publication of all the replies above referred to, but the following are given for the information of the Association:

From Dr. T. Stannage Boyle, President and Vice-Chancellor, University of King's College, Windsor, N. S.: "It seems to me not only possible but desirable for the larger Universities situated, like McGill and Toronto, near hospitals to provide facilities for nurses in training to pursue special courses. As we are situated it would not be practicable for us. I suppose much of the training required is similar to that given in the average Faculty of Medicine."

From Rev. George Barton Cutten, D.D., M.A., Ph.D., LL.D., President Acadia University, Wolfville, N.S.: "We are not doing anything at Acadia in preparing for the nursing profession except in the way of general education, and such work in biology and chemistry as might be helpful."

From A. Stanley Mackenzie, B.A., Ph.D., President Dalhousie University, Halifax, N.S.: "There are three or four hospitals here with training schools for nurses. These, of course, have courses of lectures in the various subjects which nurses should be made acquainted with. The University Medical School is affiliated with these hospitals, and the lectures given to the nurses in the various hospitals are, therefore, almost entirely done by the members of the staff of the Medical School, but not in connection, in any official way, with the Medical School."

From Sir W. Peterson, K.C., M.G., LL.D., Vice-Chancellor McGill University, Montreal, Que.: "It so happens that we are taking steps towards the University education of the nursing profession, but, as the scheme is still in embryo, I fear I am not able to report anything very definite at the present moment. The scheme, however, will, in all probability, be in operation next year."

From Dr. James A. McLean, President University of Manitoba, Winnipeg, Man.:

(1) The Manitoba Association of Graduate Nurses is organized under a Provincial Act, dated January 15th, 1913. Section 10 of this Act provides as follows:

"All examinations and matters pertaining thereto, under this Act, shall be determined and conducted by and under the direction of the Council of the University of Manitoba."

Under this Act the Association itself has full power to make regulations regarding registration and admission of members and regulations as to the examination of candidates, and the actual examinations are conducted by the University.

(2) Since the passage of the Act, the number of nurses who passed the examinations is as follows: 1914, 54; 1915, 21; 1916, 46; 1917, 31. The examinations for 1918 will be held in June.

(3) The examinations are based on a three-year course of study and cover three general subjects: Medical Nursing, Surgical Nursing and Obstetrical Nursing, with a three-hour written examination and an oral and practical examination in each case. A member of the Medical Faculty is associated with a representative or representatives of the Manitoba Association of Graduate Nurses in each examination.

(4) It is proposed, but not yet enacted, that the entrance requirement should be High School entrance or its equivalent.

(5) Last winter a short course in Public Health subjects was conducted for District and School Nurses by the Provincial Board of Health. It has been informally proposed that this be given annually and that the University coöperate in the plan. If the Public Health authorities desire that this be done, I think there will be no difficulty in making suitable arrangements.

This brief sketch may indicate all that is in sight at the present moment. As you will know, the war conditions preclude consideration of any plans for the general extension of University instruction. However, it may well be that the changes in public opinion in relation to public health measures an altered viewpoint will accelerate the whole programme of instruction and training."

From Walter C. Murray, LL.D., President University of Saskatchewan, Saskatoon, Sask.: "There is now a Registered Nurses' Association in this Province, and the University conducts the examinations required of applicants for registration. Until a Medical Faculty is established in

the University it will probably be unwise to attempt to make provision for a school of nursing, although I think it is a proper function of the University to make provision for instruction in nursing as in other professions and callings."

From Dr. W. H. N. Carr, Acting President University of Alberta, Edmonton, South: "It may be of interest to inform you that a year or two ago the Graduate Nurses of Alberta made an effort to have the examinations standardized for the nurses in training in the various hospitals in the Province. To do this it was proposed to put the examinations under control of the Senate of the University of Alberta. I might say that the supervisions of the examinations for "license to practice" of nearly all the professional societies in this Province has been entrusted to the University Senate and thus brought under public control. I refer, for instance, to such societies as the Pharmaceutical Association, the Land Surveyors' Association, the Dental Association, etc. The actual result in the case of the Nurses' Association was, however, that their examinations were placed by the Legislature under the control of the Provincial Department of Education, and that is the way the matter stands at present."

From Dr. F. F. Wesbrook, President University of British Columbia, Vancouver, B. C.: "I may say that in this University we have as yet made no official arrangements in the matter of the teaching of nursing. The course as given in the University of Minnesota is one with which I am familiar, as I helped to inaugurate it, and it expresses my idea of what might well be done. I was Dean of the Medical School at the time the course was established there. Miss Adelaide Nutting has kept in touch with the work, and I think she regarded what was then a new step in Minnesota as of potentially great importance. Here in Vancouver, Dr. R. H. Mullin, who is head of our University, Department of Bacteriology and of the Pathological Department of the Vancouver General Hospital, lectures to nurses, and it may be possible, in the future, to develop, not a course of lectures or a chair of nursing, but a Department or School of Nursing. At the present time, having no Medical Department, we have made no arrangements whereby our programme is complicated unwarrantably."

From Sir Robert Falconer, President of the University of Toronto: "It is, of course, a satisfaction to know that the public recognizes that the University is of growing service, and it is quite possible that, before long, the demand for a course in nursing might be such that we should have to endeavour to meet it, but I do not see any chance of this coming to pass in the immediate future."

From J. W. Crane, Secretary of the Western University Medical School, London, Canada: "Your letter of the third instant, addressed to the President of our University, has been referred to this office. In our opinion it might be advisable to establish a course of lectures. I am sorry I cannot make any further suggestions in regard to the matter."

Chancellor McCrimmon, McMaster University, Toronto, says: "As we are moving very carefully during this war period, the proposition which you present interests me more for the future than for the present. I do not see why a course in nursing should not be recognized in the medical courses and in household science courses. At present we are not offering courses in either of these departments.

"As to credits for such a course in the regular B. A. work, it would have to form a part of the elective provisions and come under the department of Biology. It would not be wise to introduce too much of such applied work in the B. A. course, but might form a part in the elective divisions of the higher years. I am convinced that much might be done to organize more suitable courses for women in the Arts work. As we are one of the small universities, we hesitate about making radical changes, lest we should seem to be lowering our standards. However, I do not see why nursing should not be recognized as well as some of the work of household science, if you are to give a degree for such work.

"I am thoroughly in sympathy with every movement to make the University serve the community to the greatest advantage. I would like to think the matter over more carefully. We must conserve the main principles of liberal education and, at the same time, make our graduates of the greatest service to the community.

"It is of special interest in this connection to draw attention to a recent public document of great importance to the nursing profession. I refer to the Report on Medical Education in Ontario by the Hon. Mr. Justice Hodgins, Royal Commissioner, appointed for this purpose. The following passages should be specially noted:

"'The situation is such that thanks are due to the nurses themselves and to the hospital authorities for the high position occupied by nurses trained at many training schools in Ontario.

"'Whatever is done, it must not be lost sight of that nurses are taking their places as experts in their own field, and should have much to say as to the plan ultimately adopted.

"'Provision should be made for a uniform preliminary educational qualification as well as for a standardized and comprehensive professional training, with outside inspection and strict examinations.

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"It seems impossible to conclude without at least a brief reference to the advantages, both to the nursing profession and to the community, of association of professional nursing education, with university ideals, scientific equipment and intellectual resources. In the education of the public and in lifting the thoughts of the community to a higher plane in regard to personal health, child welfare, public health and preventive

medicine, we depend very largely, as we do indeed in all medical work, upon the aid of the nursing profession. Reconstruction must bring with it the power and the means to conquer tuberculosis, venereal disease and other scourges, and to prevent all infant mortality and other mortality, so far as these are preventable.

"If we are to help in doing these great things—and who among us doubts it for a moment?—then we must avail ourselves of every possible aid that enlightenment and education and personal ideals of a high character can give.

"We look to our universities for leadership and aid, and we are all persuaded that we shall not look to them in vain."

Public Health Nursing in Manitoba

By Elizabeth Russell, R. N.

(*Read at the C.N.A. Convention, Toronto,* 1918)

Public Health work in Manitoba is as yet in its infancy. By our mistakes we have learned much; our methods of work and administration are far from perfect, but we take heart in the knowledge that in all things a high standard of efficiency is only attained by constant effort. With this thought before me I have attempted to prepared this paper, under the headings suggested, as being most helpful to those taking up this important branch of nursing service.

Our work so far in Manitoba is almost entirely in small towns and rural municipalities. Here in Toronto and in many other cities in the Dominion a well arranged system of Public Health Nursing is going on, but for these people of the villages and prairies of Canada very little has been done, and I feel it incumbent upon me, before such a gathering, to plead the great need of Public Health workers in these rural communities, where often the nearest doctor lives 40 miles away and dentists are unheard of; where, through ignorance and lack of attention, much preventable sickness and suffering is endured. The harvest indeed is great, but the labourers are, O, so few! Mothers and little children in every province are unconsciously, but none the less urgently, sending out an S.O.S. call to "come over and help us." What are we going to answer them? The longer I am in this work the more I am convinced that, contrary to public belief, the need of Public Health nurses in rural communities is as great, if not greater, than in the cities.

In one rural municipality I inspected 304 children; of these 208 were not vaccinated, 12 had defective vision, 12 had defective hearing, 231 symptoms of diseased tonsils, 188 had symptoms of adenoids, 128 had pediculosis, 10 showed symptoms of enlarged thyroid gland, 10 had suspected contagious skin condition, 3 had suspected contagious eye disease, and 15 were without defects.

This war has brought home the fact as never before that a nation's strength lies in her people. The future of Canada is dependent on the children of to-day, who will become the men and women of to-morrow. Blindness, deformity and disease will lessen their value as a national asset. Public Health work is distinctly patriotic. It aims to conserve life at its earliest foundations, to prevent disease, to care for the physical welfare of the individual and community, and, as Public Health Nurses, it is our great privilege to have a share in securing for every child that degree of physical (and, therefore, mental and moral) fitness that will enable them to conscientiously fulfill all the obligations of good citizenship.

The work is by no means easy, especially in the extreme rural communities. The people among whom you may work have not had the advantages of your training. The parents of the child whose tonsils and adenoids need attention will not easily grasp the fact that these defects will hinder progress in school and are deterimental to his health. The School Board will not readily take your word that the lighting of the schoolroom is wrong, that the cracked or shiny blackboard is harmful to the eyes of the pupils, and that more attention should be paid to the cleaning of the school, and, until you have proven your worth, the local doctor may view your work with suspicion. There will be no head nurse to bring your troubles to, as in training days; at times you will feel so lonely and discouraged that you will fully make up your mind to resign at the end of the month. You may have to stay in houses where the food and accommodation is far from what you have been accustomed to; but, after all, is it not worth the sacrifice and loneliness to have had a part, even though small, in making the almost blind to see, the deaf to hear, and the weak to be made, ultimately, strong? To work among the children, the greatest of all Physicians gave His blessing when He said: "Inasmuch as ye have done it unto one of the least of these, ye have done it unto Me."

Our success as Public Health Nurses will depend largely upon our intelligence and skill, our love and understanding of children, our courage that will overcome difficulties, our tact and sympathy for the feelings and peculiarities of those among whom we work, and those less fortunate than ourselves. Our sense of humor that will relieve the commonplace, and the spirit of service that gives, expecting little in return. In addition to the virtues, the Public Health Nurse must possess teaching qualities, for her mission is to preach the Gospel of Health at all times and in all places. She should be familiar with the principles of hygiene, bacteriology, sanitation and housing and sociology. A thorough knowledge of infectious disease is essential, recognition of the various rashes, treatment and the laws regarding quarantine and disinfection.

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Our work so far in Manitoba is almost entirely in small towns and rural municipalities. Here in Toronto and in many other cities in the Dominion a well arranged system of Public Health Nursing is going on, but for these people of the villages and prairies of Canada very little has been done, and I feel it incumbent upon me, before such a gathering, to plead the great need of Public Health workers in these rural communities, where often the nearest doctor lives 40 miles away and dentists are unheard of; where, through ignorance and lack of attention, much preventable sickness and suffering is endured. The harvest indeed is great, but the labourers are, O, so few! Mothers and little children in every province are unconsciously, but none the less urgently, sending out an S.O.S. call to "come over and help us." What are we going to answer them? The longer I am in this work the more I am convinced that, contrary to public belief, the need of Public Health nurses in rural communities is as great, if not greater, than in the cities.

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This war has brought home the fact as never before that a nation's strength lies in her people. The future of Canada is dependent on the children of to-day, who will become the men and women of to-morrow. Blindness, deformity and disease will lessen their value as a national asset. Public Health work is distinctly patriotic. It aims to conserve life at its earliest foundations, to prevent disease, to care for the physical welfare of the individual and community, and, as Public Health Nurses, it is our great privilege to have a share in securing for every child that degree of physical (and, therefore, mental and moral) fitness that will enable them to conscientiously fulfill all the obligations of good citizenship.

The work is by no means easy, especially in the extreme rural communities. The people among whom you may work have not had the advantages of your training. The parents of the child whose tonsils and adenoids need attention will not easily grasp the fact that these defects will hinder progress in school and are deterimental to his health. The School Board will not readily take your word that the lighting of the schoolroom is wrong, that the cracked or shiny blackboard is harmful to the eyes of the pupils, and that more attention should be paid to the cleaning of the school, and, until you have proven your worth, the local doctor may view your work with suspicion. There will be no head nurse to bring your troubles to, as in training days; at times you will feel so lonely and discouraged that you will fully make up your mind to resign at the end of the month. You may have to stay in houses where the food and accommodation is far from what you have been accustomed to; but, after all, is it not worth the sacrifice and loneliness to have had a part, even though small, in making the almost blind to see, the deaf to hear, and the weak to be made, ultimately, strong? To work among the children, the greatest of all Physicians gave His blessing when He said: "Inasmuch as ye have done it unto one of the least of these, ye have done it unto Me."

Our success as Public Health Nurses will depend largely upon our intelligence and skill, our love and understanding of children, our courage that will overcome difficulties, our tact and sympathy for the feelings and peculiarities of those among whom we work, and those less fortunate than ourselves. Our sense of humor that will relieve the commonplace, and the spirit of service that gives, expecting little in return. In addition to the virtues, the Public Health Nurse must possess teaching qualities, for her mission is to preach the Gospel of Health at all times and in all places. She should be familiar with the principles of hygiene, bacteriology, sanitation and housing and sociology. A thorough knowledge of infectious disease is essential, recognition of the various rashes, treatment and the laws regarding quarantine and disinfection.

The ideal preliminary training for a Public Health Nurse is a course such as is given in various institutes in the States. I have no doubt that, in the near future, such training will be available in Winnipeg and other large cities in Canada, but we all can gain much valuable knowledge by a systematic study of the many books dealing with various phases of Public Health work.

What to Avoid

Under the heading "What to Avoid," let me lay stress on the fact that a superficial knowledge of sanitation, bacteriology, and the various branches of sociology, do not make a nurse a sanitary inspector or a trained social worker. It is a nurse's work to bring unsanitary conditions in the schools and community, and any social condition, to the notice of the various people whose duty it is to remedy them, but she should not undertake or attempt to assume the responsibility of such work that does not belong to her. Many housing conditions can be remedied by simple instruction to the children in the schools and repeated friendly visits to the home.

Even in rural communities, where there are no proper agencies to look after these matters, we have felt it advisable to turn them over to the governing bodies of the municipalities or the women's local societies. Some of these women are a great help to us.

In your work in the homes never be drawn into a discussion of race, creed or politics, no matter what your private opinion may be. Avoid gossip. If, after an hour's visit to Mrs. Jones, you leave without trying to interest her in the fact that Johnnie's vision is poor and that he should see a doctor, or that Mary would get on better at school if her throat and nose received attention, you have failed in the object of your visit.

In your work in the schools never assume authority unless absolutely necessary. You may have a legal right there, but the teacher is your hostess and is generally willing to fall in with your views regarding the correct arrangement of desks, etc., if such matters are explained to her. She can be a great help to you, if approached in the right manner.

Where there is a doctor, never prescribe treatment other than first aid, and never attempt diagnosis of any (even if sure) illness when called in by anxious mothers. I have found this difficult to avoid, but, if once you commit the error, so surely will you lose the goodwill of the physician. Let your manner of dress, while on duty, be an example to those with whom you work.

Successful Methods

In speaking of successful methods, it is to be borne in mind that methods that have produced the best results in Manitoba might produce the opposite effects in a city. The work of our nurses is mainly educative in character. In visiting the homes, cases are frequently found where actual nursing service is needed and it is given. A nurse is assigned to

a district, it may be a small town with from eight to twelve hundred children, or a rural municipality containing from twenty to thirty small schools, where the school children are inspected at least twice yearly. In the town schools there is, in addition, the quick monthly inspection of each class to detect and prevent the spread of communicable diseases. The nurse makes out for each child a duplicate record of any defects, abnormalities, condition of the head and skin, the year when vaccinated and any diseases the child may have had. One set of these records is kept in the school, the other is sent to the main office in Winnipeg and kept on file for statistical purposes. The teacher has access to the school file. Thus children with defective vision or hearing are brought to her notice and are seated nearer the front of the class, thereby lessening the strain on the eyes and enabling the child to hear what is being said. The nurses from time to time give short health talks in each room, teaching the children simple rules in personal hygiene, sanitation, care of the teeth, and how to avoid, as far as possible, the taking and carrying of infectious diseases. A report is also made and forwarded to headquarters on the sanitary conditions of each school and its equipment, the over-crowding of class-rooms, the lighting and heating arrangements, construction of blackboards and seating accommodation. A copy of the report of each school that comes short of the Public Health standard is sent in to the Educational Department of the Province. By this coöperation we hope ultimately to remedy conditions in rural schools that are at present a disgrace to the community, and detrimental to the health of the scholars.

The nurse spends the morning in the schools, and in the afternoon visits the homes of the children inspected that day. The idea of home visiting is to bring before the parents the importance of early attention to the defects suspected in their children and the detrimental effect, both physically and mentally, should these defects be allowed to go on. She also gives counsel and instruction, as well as practical demonstration where necessary, in all matters pertaining to health and child welfare.

The value of the Little Mothers' Leagues needs no comment. The public at large are realizing that no effort must be spared in the conservation of human life. In England this year $3,000,000 has been voted for this cause; the States are no less behind in their knowledge of the need of such work. With this before us, we in Manitoba hope this year to open three or four Child Welfare stations at a centre where women from the surrounding districts can bring their babies week by week, and where lectures and demonstrations will be given by the nurse on preparation of feeding and the general care of a baby.

On May 1st our first Public Service Nurse was appointed; her district covers about 20 miles, and the nearest doctor is over 40 miles away. She gives nursing service wherever needed, and, in addition, inspects the school children in that district. That her services will prove invaluable to the people I have not the least doubt.

Ultimately little children will be brought into the sunlight of a better day, when health will be contagious instead of disease, when the rav-

ages of tuberculosis will be reduced to a minimum, and the blind, crippled, or diseased child will be rare. Shall we not as nurses, by persistent, united effort seek to hasten that wonderful day?

War Conditions in the Nursing World

By ADELAIDE NUTTING

I must indulge for a moment in a little reminiscence:, for I recall very vividly, as I stand here tonight, my last visit to Toronto, which was also my first, and it happened just twenty-one years ago. At that time I could not have faced any such body of nurses as I see before me tonight, because that was one of the early meetings of the first association of nurses established in this country. It was a gathering together of, perhaps, twenty-two or twenty-three superintendents of training schools who had formed the first association of nurses, and at that time the United States and Canada were very warm allies, as warm as they are today, because there was only one association to shelter us both, and Canadian nurses and American nurses were both members of the same society. As time went one, we had to incorporate and hold property, and we had to secure laws in the various States, and it became necessary for us to separate, and our societies grew in their own way, and you formed your own, and the splendid body of women representing your associations is the outcome of the work of the last twenty years. As I look before me I see that little body of superintendents of training schools beginning the work which has passed over into your hands to carry on.

I understand I have been asked to talk about the effect of the war upon civilian hospitals. With your permission I will try to say something about the effect of the war upon nursing; first, because I know more about that subject; and second, because I think, on the whole, it is rather more important. The effect of the war upon civilian hospitals must inevitably be important, but it would be admitted that the effect of the war on nursing is going to be historically true. The war crime gave nursing a tremendous impetus, and I think this war is going to do very great things for nursing; probably we do not quite see altogether what it will do. The war, that arrived to us a little over a year ago in America, did not find us entirely unprepared. It found a small army nursing corps of somewhat over four hundred nurses; it found a small navy Nursing Corps of somewhere in the vicinity of two hundred nurses; it found that the Red Cross had a nursing reserve of about 9,000 nurses, and it had a plan and a policy. So far as military nursing service was concerned, something had been done, there was some preparation, there were resources available, and, I think, most of us sat back rather comfortably and said, 'The Red Cross is taking care of affairs there'; it has

been at work several years; has built up this reserve; it will take some time before the country has enough men in the war to want 4,000 or 5,000 nurses, and there is no need for any special haste.' So you will see that all the preparation that had been done was done by the Red Cross, and the civilian nursing forces had not thought very much of enrolling in the Red Cross, and had not thought very much about the home problems that were likely to arise. There were excellent resources in the country, and we all felt it rather than knew it; we knew our schools had been increasing by leaps and bounds for the last ten or twelve years; we knew we had a very large number of nurses in the country, but we did not quite know how many; and we realized almost immediately that the things we would need to do would be to make a very careful survey of the country and find out what we really had.

Almost immediately, also, there began to pass over the country that thing which always arises in war time—a kind of wave of interest and a wave of anxiety, a great desire to be up and doing something; and this began to take shape throughout the country within four or five weeks after the declaration of war, and it arrived in concrete form at my office one morning when the Superintendent of one of the largest Hospitals in the city called me up and asked: "What are the nurses of this country doing about our Home Hospitals and the care of our home sick? We know that the Red Cross is taking care of the situation so far as the Military Hospitals are concerned, but what are you doing about Civil Hospitals?" He said, "What is needed to be done immediately is to train in short courses of three or four months about ten thousand nurses —persons whom we can bring in to our Civilian Hospitals to take the places of those who will be drawn away." I listened to this, and put it away for future reference, and realized that matters were going to press upon us; and the correspondence that arrived in my office then indicated the nature of the pressure. The anxiety to be of some service, of leading medical schools and colleges and technical schools and other bodies, from one end of the country to the other, began to think of preparing to help in some way. Courses of two, three, four and six and eight months were suggested as one way of meeting the problem, and we were asked to advise about how that could be done.

There was one thing to be done, and that was to sit down very thoughtfully and very carefully and measure the situation, and realize that this rather hectic wave of interest was a temporary affair, and that it needed to be guided and directed very rationally and very sensibly; that the Red Cross had, according to precedent, and a long historical precedent, undertaken to train nurses—had been training them for some time—had already several hundred available; and the idea then was that nurses' aids would be sent across to the base Hospitals. So, as a first effort, we pointed to the fact that short courses were already in existence; that the Red Cross was engaged in training nurses' aids; and we recommended that everything should be handled by the Red Cross until such time that something further developed and there were some objections

from their end; because we knew perfectly well that the United States were very well supplied with nurses, and we knew that the situation could be handled very well for the next few months; we knew there was no immediate necessity.

Then within a very short time they sent over several units of nurses attached to the Base Hospitals; and the moment those units were sent across, that very moment our problem was spread out before us and we were virtually commended to settle it. We knew the nurses; we saw the result of those groups of women leaving the community of their departure; we knew something of what we had before us; because this was what happened. I do not need to enter into the way in which the Base Hospital units had been made up, but what virtually happened was this, that a very large number of mature, responsible women with special training and long experience, superintendents of training schools, supervisors, head nurses and instructors, and a number of public health nurses, and then a number of private nurses, made up those units; and when it happens that you can take twelve or fourteen or even fifteen officers out of one school of nursing within three or four days, one would know perfectly well what would happen that school—that it was really a crippling and a devastation at the moment to that school. When a large institution lost representatives in the form of superintendents, and their school were left for an indefinite period in the hands of much younger persons, you would know what was going to happen there, and that was, that in the first response to the need for service we had as many quite prompt and eager, and we had some of our most valuable women called away in very large numbers. We could see that that would be very likely to go on, because those workers were very ardent, very eager, very anxious to render all possible service; and, at the moment, no one thought what was going to happen in the Hospitals or community behind. Then we decided we would form a committee of nurses and sit down quite seriously and study our problem. We did form a committee of nurses, composed of Presidents of all our Nurse Associations, with Miss Delano of the Red Cross, and later on brought in the head Army and Navy Nurse Corps; and, in order that it might not be nurses alone, we asked one or two representative physicians and one or two who were in other positions. Very shortly afterwards that committee was invited to become one of the Council of National Defence, and has bent all its energies and all the time it could spare to a serious and careful study of the situation. Now, this is a point we reached very early. We saw that you could not drain a country of skilled and trained nurses without creating vacancies which must be filled. We saw that even no matter how well a country is supplied it cannot spare hundreds of its most highly trained women without the community suffering. We saw that probably the nurses who could go into the training service would go into an unfamiliar environment; they would go into work which would be difficult and exacting, and we felt—and that feeling has been somewhat justified—that probably a good many would find themselves unequal

to the strain. For instance, in one unit of sixty-five nurses that I know of, nine have already given up their work. We saw, also, that the fact of so many being called away would leave not only one field of work, as we mentioned, but Hospital training schools and public health work, which is just in its infancy and very ill cared for, and public health work, we knew, was going to take on new and more serious aspects. That, too, has been quite thoroughly justified. The families of our soldiers and sailors, between the anxiety from the head of the family being away, and sometimes the lack of means thereupon, create hardships already, and and it is quite authentically stated that there is a rise in infant mortality which may be distinctly traced to the war, from just these causes alone.

Then we looked forward a bit to the future, and we saw that after the war was over, or as the war proceeded, more and more disabled men would be thrown back into the community to be cared for. You have that in your community now. And just as far as we could look into the future we could see needs of various kinds which only the trained nurse could fill, and we felt that there was one thing before us, one urgently pressing, and that was to increase the number of trained nurses in the country with all possible speed. We decided without any hesitation that we wanted our men in our troops and our people throughout the country to have good nursing, and we took the stand—and I hope you will all agree with me in this—that good nursing means trained nursing, and that there is not any other nursing—(applause)—and that we would not respect our own work if we did not feel that if a nurse is called away, that work which she is doing and only she can do must be carried on by somebody else who is a trained person. We agree, I think, with President Wilson, that this War is no work for amateurs at all. I am saying this with the greatest kindness, with the greatest assurance, with the most positive assurance, that if ever in the world trained women were needed it is now, at least in our serious hospital work. Then, with this in mind, our committee set itself to a policy that we were going to increase the number of trained nurses throughout the country in two ways. First, we were going to increase them in numbers, and very markedly in numbers, because, while in one branch of work we are well supplied, and that is private nursing, 85 per cent. of all nurses in the United States are engaged in private nursing; I know that is true there, and, though I do not venture to speak for Canada, I presume it is quite true here. I do not need to say to this audience that that branch of nursing is the one that can best spare women. Each one has many times wished to get away from households where she was not needed, to put her services at the disposal of those who more needed her. We may take that up a little bit later; but we felt that we could perhaps draw from private nursing more than any other branch; but what we must call for the moment the special branches of nursing we could not spare anybody from, and we feel that we would need to direct our attention at once to filling up that particular branch of work. So our efforts went in two directions—first, to greatly increase the number of graduate nurses, to

fill the schools to their capacity, and also to try to bring in a body of women who could, with all possible speed, be prepared for these special posts—we may call them higher posts, if we wish—though I do not know that any good work is very much higher than any other good work; but the woman who is going to teach us, to supervise, has usually to have a little sounder educational foundation than the one who is going to do, perhaps, the simpler work of caring for the individual patient.

We worked out a very clear-cut scheme of what we call educational propaganda; and, because it may come within your province and ideal to carry out something of the kind, I am going to speak of it in some detail. We went at the educational scheme about like this: We said, we want a good many college women; the colleges are just closing; it is the month of June; we want the college women to realize that this is their problem; that the nurses are being called out for the war; that many of our most highly special trained people are being called; that we want the college women to come in and feel that their work lies in the training schools; we want the Deans and Presidents of our colleges to realize that this is very important work. So we prepared and sent out a circular letter to the Deans and Presidents of all the Women's Colleges in the country, something like 10,000. 10,000 letters were sent out at that first effort, asking them to present the matter to their graduate classes and to ask those young women to think seriously of nursing as a branch of work which should engage their attention at the present time. Then we turned to the High Schools, and sent letters to all the principals of High Schools that we could reach, and asked them for lists of their graduate classes, and sent out about 2,000 letters to the young High School graduates in the following week. Let me say that those direct letters are very important; a young High School graduate who gets a letter asking her to enter nursing, and giving her the reason why she should enter a training school, thinks seriously before she chooses another branch of work; she thinks there are some good reasons why she should enter the work, and she turns her thoughts in that direction. Then we employed the press agency and engaged a publicity agent—you probably have them here, but their methods of work are quite engaging; they prepare articles and stories, sometimes illustrated and sometimes not, to be sent from one end of the country to the other and published in newspapers showing the kinds of work that school nurses are doing; public health nurses are doing; infant welfare work, and dwelling on the importance of nursing and the services of nursing aid to the community in places where people are not thinking about nursing as much as we would like them to think. Having employed this agency, which had a large body of writers, we set that in motion and found eventually that articles were published, reaching something like 20,000,000 readers; at least, that is what our publicity agent reported to us when he sent in his bill.

Then we arranged to have addresses given in High Schools and private schools, and in Church Associations and in clubs on the subject

of nursing. Those are just the beginning of work. We asked each of the States to prepare lists of their schools, and to send them to our bureaus and offices so that those who wished to apply might find out something about the training schools of the country.

Having set all this machinery in motion, then we turned in another direction, and to the Hospital Training Schools we said: "Now, will you please enlarge your classes; will you please be so good as to try to gain additional room; if your building will not receive any more students, will you please find out if your Trustees won't enlarge the buildings, or rent a house across the street, or if some of your friends won't loan you a house—if, in some way, cannot enlarge your borders?" Then we said: "It is so exceedingly important that you should admit more students and increase the nursing resources of the country, that if you cannot do it in any other way, and you have some of your applicants who have good homes in the city, let them live in their own homes and come half or three-quarters of an hour later, and go home earlier in the evening," by which you will perceive that nothing less than a revolution was suggested. Then we went a little farther than that, and said to training schools, "Would you please bring your graduation two or three months farther forward, to let groups of nurses get away a bit earlier?" We went still further, and we said: "Will you kindly arrange, if you possibly can, for your students in your third year to be released to enter into Military Hospitals, if they are wanted, thereby increasing the resources in the Military Hospitals and providing space for more nurses to enter?"

Roughly speaking, I think those are all the things we tried to do in a general way to get Hospitals interested—awake, alive to the needs, and to get the people of the country feeling that nursing was their affair. We asked one other thing of our training schools, and this also was a very important thing and had important results. We said to them: "If you need college women—and college women are not very willing to come in for three full years of training—there are something like 1,579 training schools in this country that all need supervisors, and all need teachers; some of those schools have as many as fifty people on their staff of teachers and supervisors; those should be soundly educated people. After four years of college work some of those feel that they cannot go into schools; cannot you take them for about eighteen months of this training?" and a considerable number of schools said they would do so, but they could not, because the laws of their States, which they worked very hard to clinch in every possible way, called for three straight full years of Hospital, and there was no way of getting around it, or evading it, or doing anything with it, that they must require three full years, and, therefore, they could not make any reduction for college women. Nevertheless, a very large number of schools eventually found they could do so, and eighteen at the outset started out quite willing to make such a reduction.

As I look back upon last summer it seems one of those hectic summers when one was writing letters and setting things like that in

motion all summer long, feeling that the war would be lost if we did not increase the number in our training schools; and we knew quite well—and our experience has justified us in our conclusions, and I think it would hold the same emphasis here—that if you have courses of three or four months people will enter for three or four months, but if you say, "This is serious and important work, and it cannot be learned or acquired in three or four months, it takes two years and a-half or three years, as the case may be," then they will enter, if they are interested in that work. We had many instances of students who had been accepted in training schools, who entered in the hope of getting a shorter course. It had a distinct effect upon the training schools, causing them great anxiety; but cannot you see what would have happened if there had been no attempt to fill our schools and have numbers turned out as we now have, with 12,000 trained nurses under orders and in Government service? What must have been the effect of, instead of getting new nurses to take their places, we had been simply content with that inactive policy of letting things drift on, offering short courses?

The response from Hospitals was prompt and generous in the extreme. Never can I forget how those overburdened institutions, with depleted staffs, rolling up their sleeves, as it were, to meet this new task, with the result that in September we could report 2,700 new students beyond the usual number in the schools of the country, so far as we could get records. Many schools took in two or three; some schools we know took in 25 or 30 or even as many as 40; they borrowed houses, they rented houses, they got their friends to furnish them, they made every possible effort; and five schools established what they called the non-resident principle—the students who lived in the vicinity and had homes there. I should say at once that these schools admit students who live in the vicinity and who prefer to live in their own homes, and thereby they are releasing the space for more students, and, although it is a little difficult to arrange for such students, yet those five schools are doing that. Of couse, it is an old thing in every other profession—in medicine, in architecture, in journalism, in any kind of work that we know anything about, for the students to live in their own homes if they want to, but in our responsible profession, where the student is entrusted with matters of life and death in some strange way, we have been fearful that she could not be trusted anywhere outside of that school dormitory; but I think we have to change our minds on that subject, as well as on a good many others. In fact, we are changing with enormous rapidity, straight through the whole nursing situation. The result last September showed 2,700 students. This April we sent out our questions for reports, and I think you will be very much interested to hear that in April over 7,000 more students had entered the schools than were there last year. (Applause.) Now, I do not for one moment believe that all those students are going to stay; I think there will be the usual "mortality," as we call it; I think a good many will drop out; but I am pretty confident

that out of 7,000 we shall, at least, have 6,000, and probably 6,500, and I am positively gloating over that condition of our nursing resources. I say, "Yes, we can take good care of our men in France; we can give them what we believe to be good nursing; we need not adulterate it too much yet; we have not come to our last ditch; we are sending nurses, but we have quite a large supply to draw from, and we have provided for the future a progressively increasing large supply. Next year there will not be any great outcome, because they only began to come in last year, and there are only about 150 schools that have the two-year or two and a-half-year course, but some of those graduates come out next year, and from the United States Nursing Schools we graduate every year 13,000 nurses and a good many over, and next year we shall probably have 15,000, and the following year we shall have about 18,000, and, if all goes well, I should not wonder if we have 20,000 after. So I feel we are taking good care of our men in France, and I feel we are going to take very good care of our civilian population.

There is the response to that question which comes to our door almost every day in the week, "Where can I get a public health nurse? Where can I get three or four or five nurses to visit the families in this district?" We have become fatigued and despairing sometimes in our efforts to meet the call for public health nurses. It is true that in the past good salaries have not been given; it is true that the work is arduous and difficult; but in every district nurse who toils in the tenements I see the idea of great moral splendor, and no human being will ever convince me that nurses turn down any form of work for a community because the salary has not reached the point that she wants (applause.) I have seen too many nurses, in my thirty years' of work, turn down high salaries or easy places and accept difficult tasks at lower ones. I have seen that constantly, and I cannot believe that each call there would not be answered if we have enough nurses to answer them. I have not the slightest hesitation in urging any able, competent, intelligent young woman that I know to go into the training school for nursing. If she talks about hardship and hard work and difficulties, as they sometimes do—and they use the word "menial" rather carelessly, because we don't know any such work—I say, "Your Brothers are going to die in the trenches, if need be; they are giving all they have; they are giving their lives to the country; they are giving their lives for freedom; and will you choose where you will work, and how you will work, and how many hours, and under what conditions?" I say to those young women, "The Hospital may be your trenches, although I consider the Hospital the best place I have ever lived in." At all events, I think we have every right to ask our young women—and the healthier and cleverer they are, the more we have the right to ask them—to go where they are needed, and to equip themselves, and to gather themselves together and give the world the kind of service it needs and not what they specially desire. I believe that after the war is over there won't be room in this world for untrained men and women. (Applause.) I say this with the fullest possible

sympathy and the fullest possible recognition of the hopeless procession of women that came to my doors for the last four years eager to work, anxious to do something, perfectly good natural material, but utterly untrained because their own inclinations somewhere did not help them, and somebody in the background did not see far enough into the future to see what a crime it is to set a helpless human being afloat in the world.

The ball we have set rolling, we cannot control, nor do we want to. We are going right on recruiting, and I should not care if we got another 7,000 students next year; I am sure we shall get several thousand. We have just started a new campaign, because, not only do we need them in our hospitals very, very much, although we have a very much larger number of students than we had before; still, out of our many thousands of hospitals there are three or four hundred that have not as many students as we want, and I consider the sick are the responsibility of the young women of those communities, and not only of the doctors of the community. That is their service to render their country at this time in any way it is needed, provided it is stable, certain, good service.

That is what we have tried to do to take care of our Hospitals at the present time and to provide us completely and thoroughly for the future so that there will be no falling down next year, or the next or the next, but that trained women will be available for the care of our men and of our families at home, and of our Hospitals; and I think I can safely say that this is good statesmanship, and that it shows good economic foresight, and I believe that ultimately we shall all be very glad that we did not adopt a temporary expedient and do some temporary thing, and rush to meet the end before we were quite sure what the end was and where it was.

We have brought the majority of our training schools to an unexampled state of prosperity. Bellevue told me they had more than 3,000 applicants. The Presbyterian Hospital has had more, and all the great and important hospitals are almost embarassed with applicants. But what is more cheerful to me, over fifty per cent. of the Presbyterian applicants are college women; I think over 70 per cent. are college women; indeed, that is a very larger percentage, and, I think, they are going to do very helpful things, because—again I repeat—every single one of our 1,579 training schools should be in the hands of a soundly educated woman; all our public health work should be directed by a soundly educated woman; and I say this notwithstanding the evidence that here and there a woman of exceptional ability who has had a mere school education is doing very exceptional work; but, if she were closeted with me in secret, I have no doubt she would say that if she had had a good, sound education, she would have been able to do much better.

Now, we hear of shortage, and now we have come to a time when, in spots throughout the country, there is shortage; but nothing has been more interesting than last year's history on the subject of shortage, and it is illuminating, too. We had not been in the war for two months until

some of our friends had determined there was a very great shortage. We did not think there was, and we tried to hunt down every anxiety to prove that when a particular family cannot get a nurse, at once there is always a shortage; that, if a physician cannot get the two or three nurses that he is accustomed to employ, there aren't any. We had an interesting instance from one of the small States—a physician there wrote very imperative letters to Washington, and said: "There is such a shortage in this State that we must open up short courses to meet it; we have not nurses enough to do our work, and you must authorize those short courses." As time went on I became convinced that, if any authorization of short courses came, I could not participate in that authorization, and, therefore, I felt we must find out the real trouble. We sent an investigator down; she spent one month and was very hospitably entertained in one of the Hospitals of the State; she visited five cities; she visited every registry in those five cities, and she found nurses waiting idle in every single registry in those cities. That was last November, and in one of the cities she found several nurses from several adjoining towns who had come in because they could not get work. So, in that section of country, there was no shortage whatever, and investigation proved there were nurses available, and plenty of time. That was true of most cities till the end of November. Since February we have been sending such large numbers into the service that there has been a shortage, which, I think, is calling attention in places. Some training schools never had been able to attract enough candidates, and they complained of shortage because they cannot get enough pupils. We say to them, "Make satisfactory affiliations; bring your hours of work up to proper standards; see that your students have proper housing conditions, and we will advise applicants to go to you, and then, probably, you will not have any shortage." Generally there was an inherent reason why there was a shortage there. In one city where they claimed a shortage we got some interesting information. I said, "You are very short in your city, I hear?" This person, who is in the staff of an important Hospital, said, "Well, judging by our private wards, I would not think so, because we have a very busy private ward, and many of our patients have two private nurses who don't need any." I recall the case of a patient under our observation just now who has had a most trifling operation for removal of tonsils, and she has two special nurses." I said, "Well, surely that is something serious." She replied, "Oh, not at all, they were engaged a week beforehand." This was a few weeks ago. This is not an incidental thing; I have no manner of doubt that in this good city of Toronto at the present moment there are many hundreds of private nurses who could as well as not be drawn into national service if they were needed; and it is something I reprobate; I feel that any person who is not seriously ill should not, by reason of her means, be able to command the services which she does not need. It is something I reprobate if there are ten families down in some crowded district of this city needing nurses, yet they cannot get them, and the persons who do not need them can do so.

Those are some things that we need to readjust in our work, and I have no doubt it will be done. (Applause.)

As to the help from colleges, you have, perhaps, heard of Vassar training camp, and know that Vassar College opened up all its beautiful buildings and grounds to give a preparatory course to all college graduates who were later to enter a group of selected training schools. They employed a publicity agent, too, with the result that they had to stop the flow of applicants long ago. They have 550 young women coming there this summer—all college graduates—all women with scientific preparation as well. They have a splendid faculty, enlarged for the summer, the most able men and women we know; and then, as soon as the summer is over, those groups of students distribute themselves in about thirty hospitals in the country, and we will have our share of fine, substantial women for our future training and public health work. I feel very proud of Vassar, and I hope she will keep on. Vassar could not do it all, and the cry came for more, so the Western Reserve University has opened up a special course; and the University of Cincinnati, and the University of Iowa; and the University of California, and they are going to take the burden of the preparatory training off the Hospitals, give all the science that is needed, engage the nurses who will give the preparatory course of the training schools, and they will take care of hundreds of young women who, late in the fall, go into the Hospitals, and that work will be well cared for. As I left yesterday, two ladies came in, one from a town in Pennsylvania with a good college, and another from Colorado, asking advice about establishing the same thing there. So, both in the numbers of recruits, the numbers who have entered, and the kind of women which is very important, we seem to have been making good headway and providing substantial resources.

The laws which stood in the way of development would be interesting to you. I do not know whether you have undertaken to make a three-year requirement by law; but if you have, I would like to utter here just a little word of warning: don't make your standard High School at the out-set unless you are very sure that you can fill your school with High School students. Don't make your standard three years of training in a Hospital, unless you are very sure that you want every minute of that time to be spent in the Hospital. The law is supposed to provide for a minimum of education and training by law which it is not safe for the public that people should give. That is placing the law on its elementary basis. But if you put a high requirement of education you will find yourself having to evade that in many ways. If you have a law requiring three years in the training school, you will find that you cannot accept any work in any college or technical school, and that when you want to help your country by sending your nurses into Military Hospitals, you cannot do it because they are not general hospitals; and you will find that if you want to give your nurses public health training, you cannot do it because your college has not public health training. I say, give three years training, but do not require the three years in the Hospital. That has been the result of our experience, and I hope we shall have all our laws limbered up a bit and made more flexible for a different kind of work from that which is in the Hospital.

About three years ago there came the stage of paid aid. I do not know with whom it originated, but I know that it got into active work, and the first thing we knew there was a suggestion from Washington that the Government was going to employ paid aids. An alternative suggestion was offered to this, of the establishment of an army school of nursing, and the plan was worked out by Miss Goodrich, whom you know about, and eventually that plan has been accepted, approved by the Secretary of War, and set into operation by the Surgeon-General, and the Army School of Nursing is now established in Washington and will have its branches in many Cantonment Hospitals of the country, and it will undertake the raising of trained nurses, and will have affiliations with City Hospitals, and have a large number of young women who may enter the Army School that would not enter a civil school. The Army School will relieve a very large number of National Nurses, all ready to send to foreign service if necessary, and the students can take their places in those Army Schools. The plan is new, it is not yet fully developed, but we think we have kept the nursing situation on a very sound and stable basis. At all events, we used the very best judgment and good sense we could bring to bear. We have not weakened the educational standard which so painfully has been built up in the past twenty-five or thirty years, and the War has been made to actually raise the whole standard of nursing education and increase the output of our schools.

(To be concluded next month)

NOTICE REGARDING THE STANDARD CURRICULUM

After the 1st of September, 1918, copies of the Standard Curriculum, published by the National League of Nursing Education, will be secured through Miss Isabel M. Stewart, Nursing and Health Department, Teachers College, instead of through Miss Effie Taylor, Johns Hopkins Hospital. Please enclose cheque or money order when ordering copies. The paper cover is 80c., and the stiff cover $1.00.

They saw her conquer sorrow day by day—
Laugh, sing and hide with roses every scar,
And deemed it but her right to hear them say,
"How brave—how brave you are!"

A high reward they never knew or guessed,
How all her heart but craved a beggar's dole,
Yearning for any voice from all the rest
To say, "Poor soul, poor soul!"

—THEODOSIA GARRISON in *Good Housekeeping*.

Public Health Nursing in Alberta

By Miss Rutherford

Madam President and Members of the Canadian National Association of Trained Nurses:—

In presenting a report upon Public Health Work in Alberta, I have deemed it advisable, in the first place, to deal in turn with the three organizations which have been engaged in this work up to the present time, namely:

1. School Nurses.
2. The Victorian Order Nurses.
3. And City Health Nurses.

In Edmonton there are two School Nurses, and in Calgary six, whose duties consist of assisting with medical inspection of schools and the following up of such cases, as require it, to their homes. Those who require treatment are referred to the school clinics.

In Edmonton the younger children in the homes are also inspected, and such cases as demand attention are reported to the Medical Health Officer or to the School Medical Inspector, and given advice.

Medicine Hat had one of the medical men engaged for the inspection of schools until within the last few years, when it was deemed advisable to discontinue it for the time being, but now a school nurse has been appointed.

The Victorian Order is represented in Edmonton, Calgary, High River and Athabasca. In Calgary there are two nurses—one doing the Social Service work in connection with the Health Department—and the other the Hospital Social Service Work. In Edmonton, where there are three Victorian Order Nurses, one, in past summer months, visited in the homes, where there were young babies, and her salary for this service was paid by the city. Calgary, so far as I have been able to ascertain, is the only city which engages special Public Health Nurses. There are two of them. One attends to contagious work and the other to the child welfare department. In connection with the city Public Health Department, a milk depot was established for the purpose of supplying a special kind of milk—free of charge, if necessary—for the young babies, and the depot is under the supervision of the Child Welfare Nurse. This nurse also reports cases of neglected children to the Children's Aid Society.

Apart from these organizations, we have now in Alberta a Provincial Department of Public Health, under the control of the Provincial Secretary, the Hon. G. P. Smith. The following nurses have been appointed:

Miss Christine Smith, Superintendent, Graduate of Toronto General.

Miss Bessie Sargeant, Graduate of Toronto General.

Miss Gladys Thurston, Graduate of Royal Alexandra, Edmonton.

Miss Bessie Clark, Graduate of Royal Alexandra, Edmonton.

Miss E. Maud Davidson, Graduate of Muhlenberg Hospital, Plainsfield, New Jersey.

Miss Davidson has had experience in Social Service work in Sommerville, N. J.

Two Inspectors, who have taken a special course in Sanitation, have also been appointed by the Provincial Department.

In April of this year the Edmonton University gave a short course to the nurses in Bacteriology, Vital Statistics, Eye, Ear Nose and Throat work; demonstrations in practical medicine and practical experience in school inspection.

During the summer months these nurses will attend the exhibitions throughout the Province, giving health exhibits and distributing health pamphlets, and in September they hope to commence their rural work. Their duties will be two-fold—to inspect children in the schools (presumably on the invitation of the School Boards), and to visit the homes as well. In the homes they will give instruction in general hygiene and in the proper care of little children and of pregnant women.

We hope before long to have rural Hospitals established where the discoveries made by these nurses can be corrected, but in the meantime it will be possible only to advise anyone in need of medical attention to consult the local physician. The uniform is very distinctive. For winter, navy blue serge, trimmed with black braid, with the Alberta coat-of-arms and the letters P. H. N. on the sleeve, a felt hat, a long coat and cape. For the summer, navy blue raw silk, with the Alberta coat-of-arms and the letters P. H. N. on the sleeve, a white straw hat. At present the Government assumes all expenses in connection with this work, but they anticipate that when the confidence of the public has been gained each district will assume half of the expense.

In the Tuberculosis Sanitorium, which the Dominion and Alberta Governments, jointly, intend building a few miles from Calgary, twenty-five per cent. of the number of beds will be given over for Provincial cases, while the remaining seventy-five per cent. will be for returned soldiers.

Other suggestions for Public Health work are being considered, but, as the Provincial Department is in its initial stage, the plans have not yet been worked out in any detail.

Hospital 629 Years old

Americans may be surprised to learn that, in June last, the Catholic Hospital of St. Maria Nuova, in Florence, Italy, celebrated its 629th year. This hospital, called in Florence the Arcospedale di Santa Maria Nuova, is the largest in Florence, and can care for 1,800 patients. It was founded in 1288 by the father of Dante's Beatrice.

Editorial

With this September issue, we, the Canadian National Association of Trained Nurses, enter on our third year of the management of the *Canadian Nurse*. To those of us who have had the responsibility of keeping this, the only nursing journal published in Canada, as a going concern during these times of high prices of material and labor, comes a feeling of thankfulness that we have been able to "carry on," if in a smaller way than we so hoped to do when in the new enthusiasm of ownership we dreamed great things for our own magazine. Many encouraging letters and words have been given us by those who, in a small way, realize the difficulties that have been met. To the most of the graduate nurses, unfortunately, it seems to mean very little, not more in most cases than the sending of the subscription price. While that must be done if the magazine is to continue, it is only such a small part of the help that could be given. The Editor ventures to say that there is not one nurse in this whole Dominion who could not do something more, either in canvassing with real heartiness the other nurses in her town, giving to the profession the knowledge she has gathered on her way, the helpful hints that will solve another's difficulty, and last, and perhaps, too, least, but nevertheless a real help, a word or two of encouragement or helpful criticism of the Journal to the Editor. A word as to the Departments, their real benefit, what others would be appreciated, and a feeling that whatever it may cost, we will stand by the organ of our Canadian nursing profession.

Perhaps this new year for us will bring a deeper feeling of responsibility to each of us, and a better magazine as a result.

* * * *

Now that the Autumn sessions of our Associations are beginning their winter's work, would it not be well to think over the programme for the year. This year we, in common with all Canadian women, start with our first experience of being enfranchised. Is this not a good time to take up in our Association the broader field for women, not limiting ourselves to the nursing problems? It has been well said that all the world is woman's field and surely we are not going to sit back and leave the other workers to do all. While speaking on this subject, do let us as women get a more correct way of dealing with subjects under discussion—subjects of great importance to us all. How often the only argument a woman brings is the old one "because." Now, that might have been well enough when we were not expected to have opinions on public matters, much less express them by the ballot, but it is a lazy woman's way when done now. We hear, day after day, criticism of country, governments, both federal and provincial, and when an attempt is made to pin the disputant down to hard facts, or the evidence of any study of

the topic under discussion, what do we learn? Usually "Well, so-and-so told me so." We studied hard in hospital where the time for study was less than the time most of us can manage now; we felt sure of our ground when asked technical questions on our work or the latest professional matters, but we are perfectly willing to shirk our responsibilities in the matter of reading and studying the press and other sources of the knowledge that we so lack. Let us as Canadian Nurses, in the Association meetings this winter, plan a systematic study of what should interest us in national and local importance.

* * * *

How many would like a department of current events if some one would do that work for the magazine? This could be better done in the Associations and would be arranged that a different person took it month by month, giving a fairer division of work. Reports of the value felt from this plan will be welcomed from time to time in the *Canadian Nurse*.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

Nursing Sister Birket Clark, who leaves in a few days for overseas duty, was entertained by the C.A.M.C. nurses at the Club-room on Friday evening, August 23rd.

The Edith Cavell Chapter of the I.O.D.E. will resume work on Tuesday afternoon, September 3rd, in the Southam Building, Bleury Street.

A faithful friend is the medicine of life.—Ecclesiasticus.

News from The Medical World

By Elizabeth Robinson Scovil

An Insecticide

An insecticide, said to be efficient and safe, is made of soft soap, petroleum and naphthalene. Each ingredient seems to enhance the action of each in a remarkable way. It is easy to prepare, keeps indefinitely and is a soapy substance easily dissolved in cold water. In the proportion of one ounce to a quart of water it forms a wash in which fleas and pediculi are said to perish almost instantly.

Medical Education In Ontario

The *Journal of the American Medical Association* in an editorial commends the action taken by the Province of Ontario in dealing with practitioners of various cults. A special commission was appointed to make a thorough investigation of their claims. Mr. Justice Frank E. Hodgins, of the Supreme Court of Ontario, conducted the enquiry. The investigation went thoroughly into the origin, progress and practice of osteopathy, chiropractice, manotherapy, Christian science and other forms of healing, as well as of medical education, dentistry and nursing. The report states that osteopathy in the United States is rapidly changing, so that may eventually conform to the educational qualifications required of physicians. Osteopaths generally are no longer adhering to the narrow limitations fixed by the tenets of osteopathy, but are anxious for classification on practically the same standard as the regular physician. It would not be wise for Ontario to make any concessions in its practice laws to provide for their licensure in that province.

Of the chiropractic colleges, the report clearly brings out their grossly commercial character. Justice Hodgins says: "I cannot bring myself to the point of accepting as part of our legalized medical provision for the sick, a system which denies the need of diagnosis, refers 95 per cent. of disease to one and the same cause and turns its back resolutely on all modern medical scientific methods as being founded on nothing, and unworthy even of being discussed."

In regard to Christian Scientists, the report states: "Their rights should be carefully restricted to the bona fide exercise of the tenets of their religion, and they should possess no other or different right or immunity from that enjoyed by the clergyman, or minister, who is called in for spiritual benefit. If they exceed this limit the responsibility for any mistake in the nature of the disease rests on them. In Ontario the Courts have already decided that those permitting the exercise of Christian Science in respect to children, instead of providing tried medical assistance, are guilty of an offence against the criminal code."

Disease Bombs

In a book called the "Biology of War," Dr. G. F. Nicolai, Professor of Physiology at the University of Berlin, said that he had been asked by a highly respected and prominent German official as to the possibility of making bomb shells that would scatter cholera and plague germs. He was condemned to five months' imprisonment for having made public the enquiry, but escaped to Denmark in an airplane.

Waxed Paper for Wounds

It is stated that paraffin waxed paper can be used to advantage for surgical dressings if it is punched at intervals with a No. 4 eyelet punch, some 20 thicknesses being done at once. It allows ample drainage and protection to granulation and is not removed until the wound is healed, unless it becomes loosened.

Emetics

A New York physician says it is to be regretted that emetics are dropping into disuse, for many a case of acute indigestion in children could promptly be arrested by swift emesis. The wine of ipecacuanha, requiring but small doses, should be preferred to the syrup. Whenever emesis is very urgent, a hypodermic of from one-twelfth to one-sixteenth of a grain of apomorphine will prove most satisfactory. Moderate doses of ipecac are invaluable in whooping cough with prolonged suffocating paroxysms, thus by emesis imitating nature in aborting the attack. In administering medicines to children it is often helpful to divide the full dose into several small doses, if need be, giving it drop by drop until the whole teaspoonful has been taken. A most irritable stomach will often retain the medicine thus given, which otherwise would have been rejected.

Patent Medicine

A nurse should be on her guard against encouraging a patient in the use of patent medicines of whose composition she knows nothing. The journal of the American Medical Association has a department in which the result of the analysis of some of these preparations is recorded, and the findings are sometimes startling. A remedy for rheumatism was stated by the proprietors to contain 45 per cent. of wine of colchicum. The prescribed dose was one dram, or teaspoonful, three times a day. This means that each dram contains 27 minims of the drug; 30 minims is considered a full dose. Any preparation of colchicum is so powerful and its toxicity so uncertain that its use as a home remedy should be unhestitatingly condemned. The poisoning is said to be one of the most painful, slow and helpless poisonings known, and a man taking as much as an ounce of the wine of the root, or of the seed, is almost inevitably doomed to a terrible death. Yet this preparation is kept on the market with no warning as to its poisonous character, not even the word "poison" on the bottle, though each bottle contains about two ounces.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

At the Annual Meeting of the C. N. A., Miss Olive DeLaney, District Superintendent of the Greater Montreal Branch of the Victorian Order of Nurses, was appointed Convener of the Committee on Public Health Nursing, to succeed Miss Eunice Dyke, who has carried on the work with such vigor and success for the past year.

Twenty years ago the Victorian Order was founded and was the first Public Health nursing organization in Canada. Its methods were regarded with considerable suspicion by both the medical and nursing profession. It seemed as if some one was slipping out of their "sphere"—no one was quite sure who. In spite of discouragements and mistakes, the value of this form of nursing has become evident even to governments and "soulless corporations" like manufacturing and insurance companies. To-day we have a branch of the nursing service undreamed of by the founders of this pioneer organization, a service of which it is but a part, but on which it looks with pride, in which possibility there is a strong touch of the maternal.

Go into the cities of Canada and you find the school nurses, the nursing service connected with the city Health Department, the special nurse in charge of tubercular work, the industrial nurse caring for the health of the operators of factories, together with the Visiting Nursery Association, the last mentioned not only giving bed-side care and following up their babies to see they are thriving, but teaching young mothers how to prepare for the new citizen. In the smaller centres the visiting nurse often combines many or all of these departments.

It is not only in the cities of Canada where this branch of nursing service is giving itself expression but in the little town and rural districts. From the Atlantic to the Pacific you find her not only a healer but a teacher of the people.

The two Western Provinces of Manitoba and Alberta have established a department of nursing. These nurses, carefully selected, suitably uniformed and well paid (which means a permanent and contented staff), will handle all the rural school inspection as well as follow up work in the homes. Physicians are demanding a more extensive training of the nurses than would have been tolerated twenty years ago, to meet these new conditions.

A wonderful field is open for Canadian nurses to earn an honourable livelihood and at the same time render valuable service to their country. It is hoped that nurses taking up this branch of the service will combine in their efforts to make it a strong arm of the National Nursing Association.

The Diet Kitchen

By Elizabeth Robinson Scovil

Sandwiches

War time brings many problems in the care of the sick even in Canada. Foods that we have obtained with unfailing regularity and regarded as being as easily obtainable as light and air, are suddenly removed into the category of luxuries, expensive and hard to get, if not absolutely withdrawn from the market. War bread is one of the things that it is difficult to adapt to the needs of the convalescent or the delicate invalid. It requires all the ingenuity of the nurse to make it palatable, or to find a substitute.

When a certain amount of bread must be taken, it can be made into sandwiches. There are so many varieties possible that some can be found to please any taste. Bread for this purpose must be buttered first and then cut into the thinnest possible slices before being spread with the filling. Sandwiches for invalids should always be small, cut into dainty shapes with a tiny cutter, or into triangles, or narrow strips, or small squares, not larger than a mouthful.

Scraped Beef Sandwiches

Scrape the raw beef with a teaspoon, spread one slice of the bread lightly with butter, then a layer of the scraped beef and cover it with another slice; lay it on the toaster and brown over a quick fire. Serve hot, cut in narrow strips. The beef may be seasoned with a little pepper and salt if desired.

In making chicken sandwiches, mince the chicken and moisten it with a very little salad dressing, or cream; sprinkle with celery salt and put between thin slices of buttered bread.

Bacon Sandwiches

Bacon, being digestible, makes a good sandwich. Toast thin slices until crisp and place between slices of toast lightly buttered.

Cold boiled tongue may be minced, moistened with a little melted butter and flavored with lemon juice. Spread it on hot toast and serve when cold.

Lean ham may be chopped very fine, seasoned with a very little mustard and spread on thin bread and butter.

Sweetbread Sandwiches

Sometimes part of a sweetbread remains uneaten. Chop it fine, add a little celery chopped, moisten with cream, season with salt and paprika and spread on the bread.

Fish Sandwich

Take any cold cooked whitefish, flake it into small pieces and rub the yolks of two hard-boiled eggs to a paste; mix an equal quantity of each ingredient, spread it on a crisp lettuce leaf, place between thin bread, spread with a little mayonnaise or thick salad dressing.

Oyster sandwiches are very delicious. Chop the raw oysters, season with salt and paprika, a little lemon juice if desired; place on a crisp lettuce leaf and lay between thin slices of buttered bread.

Boiled salmon may be shredded finely, seasoned with pepper, salt, a little parsley, a few drops of vinegar, a drop or two of onion juice, if it is liked, and, when the whole is well mixed, spred on thin bread and butter.

Sardines can usually be procured without much trouble and make an appetizing sandwich. The meat is pounded to a paste, seasoned with salt and paprika and moistened with lemon juice before being spread. The yolk of a hard-boiled egg can be added if more nourishment is desired. Some persons are fond of olives and, if so, a few can be mixed and added to make a variety.

There are so many kinds of egg sandwiches, made different by varied additions, that the nurse has only to use her wits to devise them. Some have already been mentioned. Scrambled egg with chopped parsley, or hard-boiled eggs, minced fine, mixed with mayonnaise and laid on a lettuce leaf, are examples.

Vegetable Sandwiches

These may be made of cucumber, tomato, celery, either alone or mixed with chopped nut meats, or olives, sweet peppers, mushrooms, spinach and watercress.

Flower Sandwiches

Gather sufficient nasturtium blossoms for the purpose, spread the thin slices of bread with boiled salad dressing, first a thick layer of the flowers between, and cut in dainty shapes. Clover sandwiches are made by putting a small quantity of fresh, unsalted butter in a self-sealing jar, fill the jar with fresh clover blossoms and leave it for several hours in a cold place until the butter absorbs the clover flavor. Then spread it on very thin bread, or crisp soda biscuit. Sweet violets can be treated in the same way.

Fruit Sandwiches

These can be made of any kind of firm jam or jelly. Grapefruit marmalade is very delicious, and preserved ginger is good. Thick cream and honey, beaten together, makes an acceptable filling. The bread should be cut very thin and the sandwiches rolled.

The Nurse's Library

Materia Medica and Therapeutics for Nurses.—The Essentials of Materia Medica and Therapeutics for Nurses, by John Foote, M.D., Assistant Professor of Therapeutics and Materia Medica, Georgetown University School of Medicine; Instructor in Materia Medica and Therapeutics, Providence Hospital Training School for Nurses. Third edition, revised, enlarged and reset. J. B. Lippincott Co., Philadelphia; 1918, cloth, $1.75 net. This Materia Medica for Nurses is intended to simplify the study by limiting the number of important drugs to be studied and appending a reference list to cover the other frequently used drugs and preparations. This is along the line of experience of those teaching this subject, who have frequently had to spend hours selecting from a number of pages the drugs that seemed to require special teaching. The questions at the end of each chapter will be found very valuable in reviewing the work. Among the valuable features of the book will be found the ready reference table of information concerning special disinfection; the table of poisons and antidotes, concerning the nurse and the Harrison Narcotic Act, and the formulæ for the antiseptic solutions used in military surgery. Schools considering changing their text-books would do well to study this valuable addition to the nurses' literature.

Obstetrics for Nurses.—The new fifth edition, by Joseph B. DeLee, M.D., Professor of Obstetrics in the North-western University Medical School, Chicago; 12mo of 550 pages, with 235 illustrations. Philadelphia and London, W. B. Saunders Company, 1917. Cloth, $2.75 net. Canadian agents, the J. F. Hartz Co., Toronto, Ont. This text-book, so long known and appreciated by nurses, appears in its fifth edition, the original having been thoroughly revised; several subjects have been expanded and modified, and a few added. More pages have been devoted to operating-room technic, new illustrations added, and others re-drawn and improved. Due consideration has been given to Twilight Sleep, and Nitrous Oxid-oxygen Analgesia is described. A plan for obstetric classes has been contributed by Miss Nancy E. Cadmus of the Manhattan Maternity, New York City. By this plan a course mapped out for schools where the class work in obstetrics must be given within a limited time of three or four months.

Standard Curriculum for Schools of Nursing.—By the Committee on Education of the National League of Nursing Education, M. Adelaide Nutting, Chairman. The Waverly Press, Baltimore. Price, $1.00. The standard curriculum has been one of the important measures brought up within the past two or three years at our national conventions, and a committee has been formed to arrange such a one for Canada. This book, the result of an immense amount of work by a committee, formed of the leading educators of the United States, cannot help but be of value.

There is not a hospital training school in this country but what would benefit greatly if this book were thoroughly studied. As the committee state in the introduction, this is not offered as a "model curriculum," but the purpose that they had in view was to arrive at some general agreement as to a desirable and workable standard whose main features could be accepted by training schools of good standing throughout the country. In this way it is hoped to gradually overcome the wide diversity of standards at present existing in schools of nursing, and at least supply a basis for appraising the value of widely different systems of nursing training. It is hoped that each provincial association will add this to their list of books needed to revise the curriculum in their province.

Nursing Technic.—By Mary C. Wheeler, R.N., Superintendent of Illinois Training School for Nurses, Chicago, Ill. This compact book will be of the greatest value to the demonstrator or teacher of nursing technic in the schools for nursing. It is so practical, complete, and so well illustrated. Its object is to as nearly as possible standardize the nursing procedures.

Principles of Surgical Nursing.—A guide to modern surgical technic. By Frederick C. Warnshuis, M.D., F.A.C.S., Visiting Surgeon, Butterworth Hospital, Grand Rapids, Michigan, Chief Surgeon, Pere Marquette Railway Octavo of 277 pages, with 255 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $2.50 net. Canadian Agents, the J. F. Hartz Co., Toronto, Ont. A rather unusual book, in that it relies very much on the excellent illustrations to teach the methods. Brevity is the key-note, and, as the author says in his preface, the "endeavor has been to impart facts briefly and concisely, so that the instructor would not be lost in a maze of descriptive and lengthy text." His hopes are expressed as, first, the presentation of guiding principles of surgical nursing technic of to-day; second, to stimulate a desire for further knowledge of the subject, thereby inducing the nurse to devote a little time each day to research and study. The chapters include the preparation of the room and its equipment in a private house, methods of hand sterilization, preparation of the patient, and of the field, duty of the nurse during the operation, post-operative nursing and care during the first 24 hours, post-operative emergencies, process of healing, anesthesia, nurses' chart in surgical cases, formulæ, preparation of surgical materials, and hospital methods.

A Toronto physician was before the Ontario Medical Council at its annual session for abusing his privilege of prescribing liquor. In eleven days he had given 1,274 prescriptions under the Ontario Temperance Act. Nor was he the only offender. The President of the Council stated that official figures for Toronto showed that 525 physicians had issued in eleven days 4,000 prescriptions for liquor; 3,886 more prescriptions were issued in May than in April. It is proposed to restrict the quantity a physician may prescribe to eight ounces.

Hospitals and Nurses

NOVA SCOTIA

Nursing Sister Follette, who was lost at sea by the sinking of the Llandovery Castle, was for many years a valued member of the N.S.G.N.A. and a graduate of the Victoria General Hospital, Halifax. She was among the first to sign for overseas, and, after work in France, served for more than a year on transport duty.

Nova Scotia also mourns the loss of Miss Margaret Fraser, the Matron on the same boat, who, although her home had been for some years in Moose Jaw, Sask., was a Nova Scotian by birth. Her father was at one time Lieut.-Governor of the Province. She had served in France since 1914, and her record was one of faithful service.

Miss Rayside, Matron-in-chief for Canada of the Military Hospitals, was in Halifax recently.

Miss McKenzie is at present Matron of the Ross Military Hospital, Sydney, with Sisters Connel, McLean and Morrison on the staff.

On the occasion of Miss Florence Fraser, who has been for some time in charge of the operating room at the Victoria General Hospital, leaving for military service, the Superintendent of the Hospital, Mr. Kenny, presented her with a fitted travelling bag of seal leather on behalf of the surgical, medical, resident and nursing staff. A most enjoyable evening was spent at the Home, by the courtesy of the Superintendent of Nurses, Miss Pickles, who extended the good wishes of everybody connected with the institution to Miss Fraser for success in her new field.

Miss M. Duncanson (1918) has accepted the position of head nurse in the surgical ward of the V.G.H., and Miss L. Flick has been appointed head nurse of the private wards.

Miss Mary Cameron (1917), head nurse in the medical ward, has resigned and has gone home for an indefinite time.

Miss Anna Fraser, Superintendent for some years at the Halifax Infants' Home, was given a very pleasant "send-off" by the members of the Board of Management, and presented with a purse containing a hundred dollars in gold in recognition of her faithful services.

Nursing Sisters Dunlop, Thompson and Anderson, all members of the G. N. A. of Nova Scotia, have left recently for overseas.

Miss Luxon, Superintendent of the V.O.N. in Halifax, is away on leave, her place being filled by Miss Munro, who leaves shortly to take up work with the American Red Cross.

Miss Sybella Barrington has accepted the position of Superintendent of the Infants' Home.

QUEBEC

QUEBEC CITY

Nursing Sisters Purcell, Corrigan, Bain and Mullen have left for overseas service.

Nursing Sister E. Leslie expects to leave in a short time to rejoin the overseas service.

* * * *

ONTARIO

The Central Registry of Graduate Nurses, Ottawa, has recently been re-organized and has assumed separate identity apart from the Graduate Nurses' Association, with which it has hitherto been connected. This move was made necessary by the decision of the Association to form a chapter of the G.N.A.O. A new constitution and by-laws have been formulated, and the schedule of fees raised to correspond approximately with those of other Canadian cities. The officers of the Registry Association are as follows: Chairman, Miss Mary Catton, Lady Stanley Institute; Secretary-Treasurer, Miss Helen Leyden, 34 Laurier Street, Ottawa; Registrar and Assistant Treasurer, Miss Louise Morgan, 73 James Street, Ottawa; Representatives, Miss Maxwell, St. Luke's Hospital; Sister St. Josephat, Ottawa General Hospital; Miss Catton, Protestant General Hospital; D'Youville Training School, Misses McElroy and Leyden; Lady Stanley Institute, Misses Belford and McGibbon; St. Luke's Training School, Misses Spratt and Smerle; Florence Nightingale Association, Misses Allan and Brown.

A very sad drowning accident occurred at Almonte, Ont., on August 3rd, when Miss Davidena Brown, a graduate of the Memorial Hospital, New London, Conn., was drowned when bathing with a party of friends. Miss Brown had been in poor health, and it is supposed that her death was due to her debilitated condition, as she was a good swimmer and went down in six feet of water. She was a resident of Ottawa, was the representative from the Florence Nightingale Association on the Central Registry, and was a general favorite. The circumstances of her death are particularly sad, as both her parents are dead, two brothers have enlisted with the American army, and she has left one sister alone in Canada.

After seven years of faithful and devoted work as Superintendent of the D'Youville Training School connected with the Ottawa General Hospital, Rev. Sister St. Josephat was, on very short notice, transferred to the same position at the General Hospital, Sudbury, Ont. She was presented with numerous tokens of the esteem in which she has been held by all who came in connection with her, and wish her all success and happiness in her new field.

Rev. Sister St. Constance, of Sudbury, is replacing Sister St. Josephat as Superintendent of the O.G.H., where she trained eighteen years ago.

A very delightful garden party marked the opening of the new roof garden at the O.G.H. The staff took this occasion to entertain the soldiers who are at present in the hospital. A fine programme was arranged, after which refreshments were served. As many of the Sisters who were free spent the afternoon on the roof garden. Many members of the medical staff were present. Much credit is due Sister Harold, who arranged the entertainment.

Miss Gertrude Evans, graduate of the O.G.H., who has been very ill, is now quite well again.

The graduating exercises of the Lady Stanley Institute, Training School of the County of Carleton, General Protestant Hospital, took place May 31st, when the following nurses were graduated: Misses Mary C. Slain, Lena P. Pritchard, Mary E. Carruthers, Annie M. Ebbs, Catherine A. Cowan, Florence Acheson, Hazel Johnson, Mary E. Stewart, Winnifred Hollingsworth, Mary E. Barron, Eva C. Pattage, Mary I. Tubman, Emily B. Patterson, Mary A. Caldwell, Blanche Kirkpatrick, Bessie G. Beatty. The prizes awarded for general proficiency and for surgery were both won by Miss Mary Isobel Tubman. The exercises were held in the Lecture Hall of the Institute, when the badges and diplomas were presented by Mrs. W. C. Perkins, and addresses given by General Fotheringham and Rev. Capt. H. I. Horsey, after which refreshments were served, the members of the Woman's Auxiliary to the Hospital acting as hostesses. An informal dance was held in the evening and much enjoyed by the nurses and their friends.

The graduating exercises of the Wellesley Hospital, Toronto, were held June 17th, 1918, when the following nurses were presented with diplomas and pins. Miss Elizabeth G. Flaws, Superintendent, presented the school pins, and Sir Arbuthnot Lane distributed the diplomas. The list of graduates for 1918, and the winners of the scholarships follow: Miss Minnie Elizabeth Coleberry, Miss Mabel Hutchison, Miss Gladys Louise Jones, Miss Isabel MacLeod, Miss Blanche Lillian McLeod, Miss Mary Katherine Morrison, Miss Anna McKenzie Odlum, Miss Edythe Patton, Miss Wanda Elizabeth Riggs, Miss Jessie Margaret Ritchie, Miss Madeline Ida Rogerson, Miss Margaret Elizabeth White.

Scholarships—Senior Year, the Sir John Eaton Scholarship, general proficiency, Miss Minnie Coleberry (in New York), proxy, presented by Mr. Boothe. The Herbert A. Bruce Scholarship, proficiency in operating room technique, Miss Madeline Ida Rogerson. Intermediate year, the Sir William Mulock Scholarship, general proficiency, senior division, Miss McBride (in New York), proxy; Junior Division, Miss Robson. Junior Year, the Sir Edmund Osler Scholarship, general proficiency, Senior Division, Miss Low; Junior Division, Miss Book.

The Rev. (Capt.) G. C. Pidgeon gave the invocation. Sir William Mulock, President of the Board, presided. In his presidential address he referred to the large number of the graduates from this school who were serving their country as Army nurses. After an address by Col. Herbert A. Bruce, the nurses had the pleasure of hearing Sir Arbuthnot Lane address them, who referred to the wonderful work being done by

nurses overseas. After the National Anthem had been sung the guests adjourned to the grounds, where a large marquee had been erected and where refreshments were served.

Toronto

In answer to an appeal for the French Auxiliary Nurses, through the Secours National, which was presented to the C.N.A. Convention for uniforms, etc., it is a pleasure to state that a generous box has been sent, and other will follow. Several nurses living in New York sent money, and Toronto nurses generously gave uniforms, aprons, bibs, caps, stockings, shoes, underwear, coats, raincoats, etc., and the pupil nurses of the General Hospital collected $9.00, which was spent on stockings. With the money it was decided to buy groceries, and, through the generosity of a firm of wholesale grocers, these were given at the old pre-war cost. In this way a splendid assortment of food which cannot be bought in France was added. This box will be followed by others as long as the money lasts. These nurses working in France only receive 70 cents a day, and have their clothes and food to buy out of that sum.

* * * *

MANITOBA

Brandon

A great step was taken in the progress of public health work when, on June 27th, 1918, the first Child Welfare Station, under the Provincial Board of Health, was opened in the County Court House in Brandon. The official opening was held in the Court of Justice, and inspiring addresses were given by the Acting-Premier Hon. Mr. Johnson and Dr. Fraser, of the Provincial Board of Health. The City Council, School Board, Medical Association and other organizations were well represented. The interest taken by all citizens speaks well for its future success.

St. Boniface

Sister Wagner, Superintendent of the Training School, St. Boniface, for the past five years, has been re-called to the Mother House, Montreal. The School feels her loss very keenly and have petitioned for her return.

The good wishes of the School go with Nursing Sisters Starr and McKenzie, who now are leaving for overseas after six months duty at the military ward, St. Boniface Hospital.

Miss Gertrude Walsh, Class 1918, has entered the North Battleford Hospital in charge of the Obstetrical ward.

* * * *

SASKATCHEWAN

Miss Madeline Mingay, Graduate of the Vancouver General Hospital, 1917, has accepted the position of Matron of the Hospital at Lloydminster, Sask.

ALBERTA

The graduating exercises of the Lamont Public Hospital were held June 23rd and 24th in the Union Chapel. On Sunday evening Rev. T. J. Jones preached the Baccalaurate sermon, and the exercises were held the following evening. Mrs. R. Swan, President of the Hospital Aid Society, presented the diplomas and pins to the following graduates: Misses Jennie Monkman, Frances Stafford and Doris Embertson, who took the Florence Nightingale pledge before receiving the pins. Addresses were given by Dr. A. E. Archer, Medical Superintendent, and Mr. Jones. Dr. W. J. Rush, Chairman of the Board, presided. After a musical programme a reception was held at the Nurses' Residence, a recently built and most comfortable home.

Miss Christine Musselman, Matron of the Lamont Public Hospital, is spending her holidays at Calgary and Seba Beach.

The President of the Calgary Association of Nurses, Miss Dorothy Duncan, was recently married to Mr. Joseph H. Argue. They will reside at Suite 6, Wallace Apartments, Calgary.

Miss M. Percy Richardson, Principal Matron of Military District No. 13, with headquarters at Calgary, has just returned from an official inspection of the military hospitals in her district.

Miss Richardson served through the Boer War, being decorated with both the King's and Queen's medals, and has been on continuous duty since the beginning of the present war. As a nursing sister at the front she has the distinction of being mentioned in despatches by both Lord Kitchener and Lord French, and has received the decoration of the Mons Star for distinguished services in the present campaign.

There died in Calgary on August 19th, Mrs. Euphemia A. Tolton, graduate of the Toronto General Hospital, and former Superintendent of the Owen Sound General Hospital, Owen Sound, Ont. She was the oldest daughter of Alan and Sarah McKenzie, of Amberly, Ont. Her husband died two years ago, but two children survive her.

The course at Holy Cross Hospital, Calgary, has been changed to two years' training.

* * * *

BRITISH COLUMBIA

In accordance with the request of the G.N.A. of B.C., the Local Council of Women in Vancouver recently held a tag-day for funds to start a Club for returned nursing sisters who may feel the need of a place where they may rest before taking up their civilian work. The thanks of the nurses are due the Local Council for the enthusiasm with which they undertook this. The generous sum of $2,200 was taken in on that day. In this connection it is interesting to see that our American sisters are starting the same work, a drive being planned in San Francisco to get funds for a returned nurses' club.

Miss A. M. Skinner (Toronto General Hospital), has resigned her position as Matron of the Queen Victoria Hospital, Revelstoke, and has returned to Toronto, visiting Winnipeg en route.

Mrs. R. Bryce Brown, C.A.M.C., has been called to report for duty at Calgary Military Hospital, after a leave spent in New Westminster.

Miss Alma Hodges, instructor at the Vancouver General Hospital, has resigned her position. Her engagement to Mr. A. G. Creelman is announced.

Miss Mary Campbell has been appointed to the staff of the Vancouver School Nurses in place of Miss McLellan, who has been granted leave of absence for a year.

The regular monthly meeting of the Vancouver Graduate Nurses' Association was held in Vancouver on Wednesday, September 4th. Principal business was the final voting on the changes in the Constitution and By-laws of the Association. The most important amendment was as follows: "Those eligible for membership shall be all graduate nurses who are registered in British Columbia under the Act."

Births

PINARD—At Ottawa on July 26th, 1918, to Mr. and Mrs. Alfred Pinard, a daughter. Mrs. Pinard was Miss Gravells (1913), Ottawa General Hospital.

Marriages

ARGUE-DUNCAN—At Calgary, July 22, 1918, Nursing Sister Dorothy Duncan, daughter of Mr. and Mrs. Henry Duncan, to Mr. Joseph H. Argue.

We do not know anything about our own resources until we have taught ourselves to stand alone. Not until we can think for ourselves, decide for ourselves, and act for ourselves, do we become more than infants in the moral universe.—ANGELA MORGAN.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Association meets at the Hospital the First Friday of every second month at 4 p.m.

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Regular Meeting—First Monday, 4 p.m.

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The Association meets First Friday each alternate month.

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President, Miss E. Jamieson, 5 Summerhill Gardens, Toronto; First Vice-President, Mrs. Hill; Second Vice-President, Miss McKay; Recording Secretary, Miss Burwash; Corresponding Secretary, Miss Dingwall; Treasurer, Miss E. Cameron, H.S.C.; Representatives Central Registry, Miss Sarah Barnhardt, Miss Jenny Hill; "Canadian Nurse" Representative, Miss Farquharson, H.S.C.; Sick Visiting Committee, Miss Gray, Miss Miller, Miss Morrin C. Stair.

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Representatives on Central Registry—Misses Goloy and Maude Thompson.

Representative on "Canadian Nurse"—Norine V. Schoales.

Regular Meeting—First Thursday every second month, 8 p.m.

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Representative to Canadian Nurse—Miss Finlayson; Representatives on Central Registry Committee—Misses Wixon and Sedgeworth.

Conveners of Committees—Social: Miss Etta McPherson; Press and Publication: Miss L. Smith; Sick: Miss Goldner.

Regular Meeting—Second Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL TRAINING SCHOOL FOR NURSES, WESTON, ONT.

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Regular Meeting—Second Friday, every second month.

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Committee—Misses G. Boyes, L. Furey, E. Cahill, H. Fagan, N. Finn.

Regular Meeting—First Tuesday, 4 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Monthly Meeting, second Wednesday at 3 p.m.

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Incorporated April 19, 1916

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Regular Meeting—Second Monday of each month.

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Representatives on Central Registry—Misses Goloy and Maude Thompson.

Representative on "Canadian Nurse"—Norine V. Schoales.

Regular Meeting—First Thursday every second month, 8 p.m.

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Directors—Misses Rowan, Burnett, Pearen, Smith, McMaster, Mrs. McKeown.

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Conveners of Committees—Social: Miss Etta McPherson; Press and Publication: Miss L. Smith; Sick: Miss Goldner.

Regular Meeting—Second Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL TRAINING SCHOOL FOR NURSES, WESTON, ONT.

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Programme Convener—Miss A. E. Wells, 27 Balmuto Street.

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Regular Meeting—Second Friday, every second month.

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Committee—Misses G. Boyes, L. Furey, E. Cahill, H. Fagan, N. Finn.

Regular Meeting—First Tuesday, 4 p.m.

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Regular Meeting—First Tuesday, 3.30 p.m.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

Hon. President, Miss Uren; President, Mrs. W. J. Durham; Vice-President, Mrs. Parnell; First Vice-President, Miss C. Bush; Treasurer, Miss S. C. Humphries; Secretary, Miss E. T. Fowler; Representative to Canadian Nurse, Miss MacLeod.

Regular Monthly Meeting at Nurses' Residence, first Wednesday of each month.

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Regular Meeting—Second Wednesday, 8 p.m.

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Executive—Miss Chisholm, 753 Wolseley Avenue.

Social—Miss Starr, 753 Wolseley Avenue.

Sick Visiting—Mrs. Montgomery, 196 Kennedy Street.

Red Cross—Mrs. Hall, 237 Morley Avenue.

Regular Monthly Meeting, second Wednesday at 3 p.m.

ALBERTA ASSOCIATION OF GRADUATE NURSES

Incorporated April 19, 1916

Council—Miss Victoria I. Winslow, R. N., Superintendent of Nurses, General Hospital, Medicine Hat; President; Miss L. M. Edy, R. N., Superintendent of Nurses, General Hospital, Calgary, Convener of Finance Committee; Miss Edith M. Rutherford, R. N., 934 Fifteenth Avenue, W., Calgary, Representative on the Canadian National Association Committee on Public Health Nursing; Mrs. Katharine Manson, R. N., Military Hospital, Edmonton; Miss C. M. Campbell, R. N., Superintendent of Nurses, Royal Alexandra Hospital, Edmonton, "The Canadian Nurse" Representative; Miss Frances Macmillan, R. N., Assistant Superintendent of Nurses, Royal Alexandra Hospital, Edmonton; Mrs. R. W. R. Armstrong, R. N., Drawer 276, Edmonton, Secretary-Treasurer and Registrar.

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We bless and praise Thee also that, in Thy love, Thou hast given us the fruits of the earth in due season; yet teach us to remember that man does not live by bread alone.

May these successes, and those bounteous gifts, lead us to a true thankfulness, such as may appear in our lives by an holy, humble and obedient walking before Thee. Through Jesus Christ our Lord, to Whom, with Thee and the Holy Spirit, be all praise, world without end.

AMEN.